

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/562188

FILING DATE

21 JAN 2007

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/	2				
3	/	2				
4	/	2				
5	/	2				
6	/	2				
7	/	2				
8	/	2				
9	/	2				
10	/	2				
11	/	2				
12	/	2				
13	/	1				
14	/	1				
15	/	1				
16	/	1				
17	/	1				
18	/	1				
19	/	1				
20	/	1				
21	/	1				
22	/	1				
23	/	1				
24	/	2				
25	/	2				
26	/	1				
27	/	1				
28	/	1				
29	/	1				
30	/	1				
31	/	1				
32	/	1				
33	/	1				
34	/	1				
35	/	1				
36	/	1				
37	/	1				
38	/	1				
39	/	1				
40	/	2				
41	/	1				
42	/	1				
43	/	1				
44						
45			/			
46			/			
47			/			
48			/			
49			/			
50	13	3				
TOTAL IND.	13	3				
TOTAL DEP.	27	24				
TOTAL CLAIMS	40	27				

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52			/			
53			/			
54			/			
55			/			
56			/			
57			/			
58			/			
59			/			
60			/			
61			/			
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67			/			
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91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						